Name

Title

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b) I hereby appoint: Practitioners associated with the Customer Number: 58,249 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 58,249 The address associated with Customer Number: ORFirm or Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Boston Scientific Scimed, Inc. One Scimed Place Maple Grove, Minnesota 55311 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whase signature and title is supplied below is authorized to act on behalf of the assignee Signature Jeff A. Mann

Assistant Secretary The conclusion of information is required by \$7 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to fife (and the conclusion of the con

Telephone

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